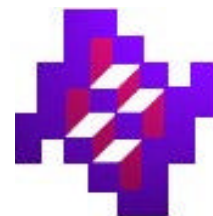


Workshop Summary

DEVELOPING LEADERSHIP CAPACITY TO ACHIEVE RESULTS IN HEALTH SECTOR REFORM

A Regional Workshop for Senior Public Sector Policy Makers
An Activity of the LAC Health Sector Reform Initiative

May 7th & 8th 2002
Cuernavaca, México



Instituto Nacional de Salud Pública

Acknowledgement

The organizers of the workshop would like to extend to the executive and support staff of the INSP their sincere gratitude for their collaboration and participation in this event. Moreover, we would like to acknowledge PAHO and USAID for their commitment to the success of this LACHSRI regional workshop.

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Purpose

Central to the idea of health sector reform is a change in the role of the public sector. In the context of large-scale radical change, traditional patterns of leadership and management cease to operate effectively. Changes in the locus of responsibilities within the system, particularly in terms of who funds, provides and purchases health care services, and the dilution of human resource competencies through decentralization all require more active strategies to develop and support strengthened leadership throughout the system.

This policy workshop, which was sponsored by the Latin American and Caribbean Health Sector Reform Initiative, was designed to address these concerns directly by helping senior decision-makers understand the key functions of leadership, recognize where both they, as individuals, and their organizations and institutions lack leadership skills, and identify strategies to broaden the base of leadership throughout their organizations and institutions to support effective implementation of health sector reform initiatives.

Objectives

The workshop, which took place on May 7th & 8th at the Instituto Nacional de Salud Pública in Cuernavaca, México, emphasized specific actions and strategies to strengthen the leadership skills of the participants, and therefore the leadership capacity of their organizations and institutions. Using a combination of presentations, case studies, group discussions, and personal and organizational inquiries, the workshop participants returned to their respective institutions equipped to:

1. Identify and articulate the challenges they face in formulating and instituting health sector reform measures, particularly those associated with establishing a social health insurance strategy, to improve health sector performance.
2. Employ the Management and Leadership Program's Leadership Framework to understand the role, functions, and competencies of leadership in addressing the challenges.
3. Construct a leadership development plan that will close their leadership performance gap.
4. Document and share progress on their leadership development plans, following the completion of the workshop.

Overview of the Workshop Design

The workshop was organized by the Management and Leadership Program (M&L) of Management Sciences for Health in collaboration with the Instituto Nacional de Salud Pública (INSP) and the Pan-American Health Organization (PAHO). The core delivery team included: Judy Seltzer and Lourdes de la Peza, from MSH, and Eduardo Levkovitz from PAHO. The workshop also featured a number of guest speakers, including: Dr. Octavio Gómez Dantés,

from the Health Secretariat of México; Dra. Lourdes Quintanilla, National Director of Reproductive Health; and Dr. Gustavo Olaiz, Secretary General of the Instituto Nacional de Salud Pública.

The workshop was organized around four modules outlined in the schedule below:

WORKSHOP SCHEDULE

May 7, 2002	May 8, 2002
Morning	Morning
<p><i>MODULE I: Establishing the Health Sector Reform Context</i></p> <ul style="list-style-type: none"> • Welcome from INSP, the Host Institution • Opening address from MSH • Keynote Speakers from the Mexican Ministry of Health • Collective Trend Analysis to Examine the Events and Patterns of Events occurring in the Region during the Period of Health Sector Reform 	<p><i>MODULE III: Using a Case Study to Examine the Challenges of Social Health Insurance</i></p> <ul style="list-style-type: none"> • The Challenges of Social Health Insurance: A Case Study • Working Solution: The Mexican Experience in instituting <i>Seguro Popular</i>
Afternoon	Afternoon
<p><i>MODULE II: Understanding Leadership in the Context of Health Sector Reform</i></p> <ul style="list-style-type: none"> • Functions, Actions and Distinctions of Leading and Managing • The Role of Stewardship in Guiding Health Sector Reform efforts • Leadership Functions and Health Sector Reform 	<p><i>MODULE IV: Exploring Individual Leadership Capacity</i></p> <ul style="list-style-type: none"> • The Self as Leader • Institutional Challenges and the Process of Leadership Development • Assessment of Leadership Competencies • Formulation of Personal Leadership Development Plans to Improve Performance

Participants

The workshop was attended by twelve participants, representing Brazil, Haiti, Peru, México, Honduras, Guatemala, and Bolivia. All worked either directly or indirectly with health sector reform efforts in their respective countries. The workshop was also attended by Dr. Logan Brenzel, of the USAID LAC Bureau in Washington, DC. The following is a directory listing the participants who attended the workshop:

PARTICIPANTS DIRECTORY

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Key Products

The workshop successfully balanced the need to understand the context of health sector reform in the region, with the need to garner a better understanding of the role of leadership in effectively identifying and implementing the appropriate reform measures. In light of this dual purpose, four key products were developed during the course of the workshop: a trends analysis of the health sector reform movement throughout the region, since 1980; a list of concerns about the advancement of the reform measures and their implications; a group summary of the leadership actions required to obtain results in the reform context; and, finally, individual leadership development plans.

1. Trends Analysis of the Health Sector Reform Movement

THEMES	1980-89	1990-99	2000-02	THE RESULTS SUGGEST A TREND TOWARDS
GOVERNMENT ROLE AS STEWARD OF HEALTH SECTOR	Vertical programs, "Health for All", EPI, Family Planning. Weak and ambivalent health sector Centralized health system.	Hospital accreditation, health sector reform and decentralization begin. Integrated programs and strengthened norming role for health sector. Decentralization to the municipal levels (Brasil). Bolivia, México remain centralized. Perú experiences decreased role of state.	Norms, regulations, supervision. Decentralization takes hold. The central level has a recognized role. Government defines its policies and lines of action. Federal, state and municipal functions are defined (Brasil). There is discussion of norms for decentralization (Perú).	Fully assuming a stewardship role.
EXTENSION OF SOCIAL PROTECTION IN HEALTH	Coordination required between NGO and public sector. Poor coverage and a tendency toward traditional health care. Dichotomy between social security to care for formal sector and the MOH to care for the rest.	Essential drugs, public insurance models (social insurance) emerge.. Attempt to balance curative and preventive services. Participation in self-care health models. Universal health care (Brasil). Start of public sector development in Perú. Heavy support from international donors.	Insurance as a way to increase coverage and solidarity. Extension of coverage becomes a priority. Increased emphasis on prevention and increased access to services (Brasil) Process of collaboration between social security and MOH begins in Perú.	Increased coverage and universal access, as well as a better understanding of financing options. More community participation
ORIENTATION OF HEALTH SYSTEMS AND SERVICES	Public, NGO and social security are all focused on curative care. "Health for All" becomes the mantra. Health systems are centralized. The system begins to integrate in Brasil. There is a form of Coexistence in Perú (MOH-IPSS).	Silos, quality of care, and cost-recovery are key factors and initiatives. There is a tendency toward: devolutions, decentralization, referrals, contracted services with private sector. Strengthening of municipality role (Brasil).	Equity, sustainability. Prevention becomes a priority, as does community participation (particularly in Brasil). Extension of coverage to the uninsured becomes key in Perú	Decentralization and integrated health care services, through networks
THIS WAS THE DECADE OF...	Weak steering role with emphasis on curative care and centralized decision making.	The start of decentralization and integrated services, with greater support from the foreign donors.	Separation of provider and payer functions. Focus on sustainability.	

2. Concerns about the Advancement of Health Sector Reforms Measures and their Implications

The following is a list of concerns raised by the participants when queried about what they face in terms of instituting health sector reforms.

- Need to strengthen human resources available to enact reform measures.
- Require "Managers who can Lead."
- Intersectoral collaboration is needed to create a conscience for a better quality of life. This is the key to any sustainable reform measures.
- There needs to be more social control in regard to decision making.
- Need to work with universities to define the professional profiles of the health care workers required by the system.
- Too much has been spent on training with too few results.
- Functions need to be published during this process of change.
- There is too much rotation and attrition to political reasons.
- Senior decision makers and health care managers should be given career positions in the public health sector.
- Those working in the health sector should be given positions based on a competitive selection process and competency exams.
- At least 2% of GNP should be assigned to the health sector.

3. Group Summary of Leadership Actions Required to Obtain Results in the Reform Context

As a first step in identifying the leadership actions required to obtain results in the reform context, the participants reflected on a particular leader they knew and listed those "actions" taken by the individual when they attempted to move others toward results. These "actions" were then categorized by the Leadership and Management Functions that constitute the M&L Framework.

Leadership

SCAN	Focus	ALIGN & MOBILIZE	INSPIRE
<ul style="list-style-type: none"> – Listen to understand – Take risks – Investigate, observe – Keep oneself informed – Open to options 	<ul style="list-style-type: none"> – Define the vision and the strategies – Present ideas that are evidence-based – Stand firm in decisions – Perseverance 	<ul style="list-style-type: none"> – Understand and tolerate the opinions of others – Identify alliances and partners – Get the commitment of others – Build consensus – Mobilize work teams – Recognize their mistakes, successes and qualities – Know how and when to sell their ideas – Know how to stimulate others 	<ul style="list-style-type: none"> – Show commitment to the cause. – Know how to share their vision – They are sensitive to social issues – Recognize the value of others – Are excellent communicators – Motivate and inspire others and know when to request something of them – Persevere in difficult times – Transmit energy and velocity – Innovate – Are authentic and optimistic – Delegate power and share responsibility

Management

PLAN	ORGANIZE	IMPLEMENT	MONITOR & EVALUATE
<ul style="list-style-type: none"> – Have objectives clear and share them – Have objectives defined – Define their plan 	<ul style="list-style-type: none"> – Delegate power and share responsibility 		<ul style="list-style-type: none"> – Monitor productivity – Request results – Delegate, but always monitor work

Following a detailed presentation by Dr. Eduardo Levkovitz, of PAHO/Washington, on the subject of "Stewardship" and the emerging role of the Public Health Sector as the "Steward" of the health sector reform process, the participants were asked to identify "actions" that would need to be taken by those in positions of leadership to advance the health sector reform agenda in their respective countries. These "actions" were also categorized by the Leadership Functions that comprise the Leadership element of the M&L Framework.

Leadership

SCAN	FOCUS	ALIGN & MOBILIZE	INSPIRE
<ul style="list-style-type: none"> – Study the achievements made under reforms – There needs to be a clear vision – Explore the environment, the players, and those who fall outside the system – Investigate the possible interventions, resources, providers, beneficiaries, markets 	<ul style="list-style-type: none"> – Assign resources to those most in need – Focus – Prioritize – Define a creative strategy; seek to be innovative and inspiring; add value to the system. 	<ul style="list-style-type: none"> – Make decisions that will align processes and take risks – Seek consensus – Increase resources – Apply principles to your work 	<ul style="list-style-type: none"> – Gain social participation – Inspire to "create a culture" of a new way of doing things – Motivate others

4. Personal Leadership Development Plans

In an effort to gauge their own leadership competencies, the participants administered a self-evaluation of specific leadership competencies, specifically: emotional intelligence, trusted influence, focussed drive, communication, coaching and mentoring, negotiation, problem solving, strategic thinking, and change management.

After scoring their responses, the participants reflected on two primary questions:

- How can I leverage my leadership strengths?
- How can I develop needed leadership competencies?

Using the input of those in their groups, particularly from those who scored high in those areas where respondents were weak, they completed their Personal Leadership Development Plan, which was based on the following inquiry.

1. In which competency do you feel you should focus your development plan?
2. What results do you hope to achieve in regard to this competency?
3. What specific behaviors would you like to observe in yourself as a result of your addressing this competency area?
4. What actions will you take to develop this competency?
5. By when do you plan to take these actions?
6. Who can support you and what kind of support do you require?
7. What will indicate to you that you have made progress in developing this particular competency?

Participant Feedback

Below are numerous quotes from the participants acknowledging the appropriateness and importance of the workshop. To retain the integrity of the comments made by the participants, this portion of the summary report is not translated. However, it should be noted, that the feedback was quite positive and it is clear that the workshop met the technical, logistical and political expectations of the participants.

- "Fue muy enriquecedor el ver el panorama de las reformas"
- "Reconocer la importancia del liderazgo"
- "Las referencias de los libros"
- "Para ser un buen líder hay que ser felices haciendo lo que hacemos"
- "Me va como anillo al dedo, pues estamos teniendo problemas en la oficina, valió la pena venir pues ya tengo razones más claras de donde ordenar las cosas"
- "Superó mi expectativa porque estuvimos estimulados a pensar"
- "No se dió la relación del que enseña y aprende; todos estábamos en los dos papeles"
- "Estas son oportunidades en que pensamos compartiendo"
- "Me ha servido para analizar porque ha ido tan lenta la reforma. Liderazgo"
- "Estamos en el momento de involucrar a las personas en el proceso"
- "Quiero felicitar a los facilitadores que en 16 hrs. logramos mucho"

- "Descubro que no hay recetas para líder pero si se le educa como gerente y como político mucho más efectivo".
- "Quiero agradecer a las facilitadoras y participantes, descubrí que el aspecto personal y emocional juegan un papel muy importante; voy a aplicar lo que aprendí en este taller".
- "No hay escuela para formación de líderes, pero he aprendido que debe demostrar que pueden confiar en uno; yo aprendí de forma clara que estos principios me abren un panorama para fundamentar mi liderazgo".
- "Agradezco la oportunidad y facilitación"
- "Más importante que el "Cómo reformar" es el "Para qué reformar"
- "Quisiera agradecer la facilitación pues me interesaba saber como se han desarrollado las reformas. Ha sido muy alentador ver que vamos avanzando".
- "Me voy tremendamente satisfecho y me siento inquieto como ayudar a Rocío (compañera), para que los que están en el Minsa tomen conciencia de su papel".
- "No necesariamente ejercer el liderazgo es en sentido positivo, más que de líderes hay que promover liderazgo para contrarrestar efectos negativos"
- "Que interesante sería hacer este taller en nuestra institución"
- "Hacernos pensar, reflexionar"
- "Hay riqueza grande en el intercambio con otros países"
- "Vive con la intención de llevarme nuestras ideas y me las llevo, pero me gustaría hacer un taller en Haití".

Next Steps

Although the workshop was only two-days, the facilitators foresee considerable follow-up that will help to extend the tools applied and the lessons learned in the workshop. Two primary activities will take place in the next three weeks:

1. A workshop *Yahoo!* E-group will be established for the use of the participants. The site will be available for e-mail exchanges, posting progress reports and materials about leadership and health sector reform, accessing materials from the workshop, and linking to the LACHSRI website, as well as the MSH website.
2. The facilitators will follow up with each of the workshop participants to inquire about progress on the Personal Leadership Development Plans.

Pictures of the event

"Leadership is what the rest of us call it when we see someone doing something they love and we want to help¹."



¹ Keifer, C. "Leadership and the Learning Organization." Viewpoint, Arthur D. Little